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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

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Filing Filing (surcharge (37 CFR 1.15 (e))

Attorney Docket No.: 2132.096
Inventor Name: Jackowski et al.

Supplementary priority data Sheet PTO/SB/02B attached.

COMPLETE IF KNOWN
Application No:
Filing Date:
Group Art Unit:
Examiner Name:

As a below named inventor, I hereby declare that:

My residence, post office addr., and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GLYCOPROTEIN AND APOLIPOPROTEIN BIOPOLYMER MARKERS PREDICTIVE OF ALZHEIMERS DISEASE

X is attached hereto OR				
was filed on Appln. No	As United Sta	tes Application	n No. or P	CT Intl.
applicable).	and was allier	ided on		
••	:			
I hereby state that I have review identified specification, include specifically referred to above.	wed and understand ing the claims, as	the contents of amended by any	f the above amendment	e
I acknowledge the duty to disclose defined in 37 CFR 1.56.	se information whic	ch is material	to patental	bility as
I hereby claim foreign priority application(s) for patent or investment international application which states of America, listed below any foreign application for pater application having a filing date claimed.	entor's certificate designated at least and have also ident nt or inventor's ce before that of the	one country of ified below, by rtificate, or a	any PCT ther than y checking any PCT in	the United the box, ternational
PRIOR FOREIGN COUNTRY:	FOREIGN FILING	PRIORITY	CERTIFIE	COPY
NUMBERS:	DATE:	NOT CLAIMED:	Yes	No
Additional foreign appln. nos. are liattached hereto.		_		
I hereby claim the benefit under	35 U.S.C. 119(e) o	f any United St	tates provi	isional
application(s) listed below:		•		
APPLICATION NUMBER(s):	FILING DATE:			
		Addr 1	provisiona	lannin
			e listed o	1 1

Page 1 of 3



DECLARATION - UTILITY or DESIGN PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. PARENT APPLICATION or PCT NUMBER:

PARENT FILING DATE:

PARENT PATENT NO: (if applicable)

Additional U.S. or PCT international appln.nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: X Customer No: 21917 __ PLACE CUSTOMER No. BAR CODE LABEL HERE OR Registered practitioner(s) name/registration no. listed below REGISTRATION NO: NAME: NAME: **REGISTRATION NO:** Michael A. Slavin 34,016 Joseph Beckman 45,529 Ferris H. Lander 43,377 Erin Monahan 48,804 C. Fred Rosenbaum 27,110 DIRECT ALL CORRESPONDENCE TO: Customer Number Or Bar Code Label Correspondence address below NAME: McHale & Slavin, P.A. 4440 PGA Blvd., ADDRESS: ADDRESS: Suite 402 STATE: FL Palm Beach Gardens CITY: ZIP: 33410 TELEPHONE: (561) 625-6575 FAX: (561) 625-6572 COUNTRY: I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 17 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A Petition has been filed for this unsigned inv. GIVEN NAME (first and middle [if any]): FAMILY NAME OR SURNAME: <u>Jackowski</u> Inventor's signature: _ Date: _ Residence: 11725 Keele Street R1 City: Kettleby State: ONTARIO LOG 1JO Country: CANADA Citizenship: Canadian

Additional inventors are being named on the ____ Supplemental additional inventor(s)

Post Office Address: 11725 Keele St., R1, Kettleby, Ontario LOG 1J0, CANADA





GIVEN NAME (first and middle [if any]):	FAMILY NAME OR SURNAME:
John	Marshall, PhD
Inventor's signature:	Date:
Residence: 95 Parkside Drive	
City: Toronto State: ONTARIO M6R 2V3	Country: CANADA Citizenship: Canadian
Post Office Address: 95 Parkside Drive, Toron	nto Ontario M6R 2V3, CANADA
Additional inventors are being named on the	Supplemental additional inventor(s

NAME OF SECOND INVENTOR: A Petition has been filed for this unsigned inv.